

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101586640

7-19-08

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
1						
2		1		1		
3	1			1		
4		1		1		
5		2				
6	1		1			
7			1			
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TOTAL IND.			3			
TOTAL DEP.			4			
TOTAL CLAIMS			7			

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
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